

ICD-10 Implementation

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ICD-10 Final Rule

- Published January 16, 2009
 - CMS-0013-F
 - <http://edocket.access.gpo.gov/2009/pdf/E9-743.pdf>
- October 1, 2013 implementation
 - ICD-10-CM
 - ICD-10-PCS

ICD-10 Final Rule Issues

- Implementation date October 1, 2013
 - Single date for all users
 - Date of service for ambulatory & physician reporting
 - Date of discharge for inpatient settings
 - ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013
 - ICD-9-CM claims for services prior to implementation date will continue to flow through systems for a period of time

ICD-10 Final Rule Issues

- Outreach and education
 - CMS worked collaboratively with AHA, AHIMA, and CDC (Cooperating Parties) on outreach materials
 - Educational resources at http://www.cms.hhs.gov/ICD10/05_Educational_Resources.asp#TopOfPage

ICD-10 Final Rule Issues

- Outreach and education
 - Series of ICD-10 Outreach calls prior to final rule
 - Information on calls posted at http://www.cms.hhs.gov/ICD10/07_Sponsored_Calls.asp#TopOfPage
 - Transcripts of each call
 - Slides used in calls

ICD-10 Final Rule Issues

- Outreach and education
 - Plan additional outreach efforts through collaboration with Cooperating Parties
 - Information on future educational outreach will be posted at http://www.cms.hhs.gov/ICD10/05_Educational_Resources.asp#TopOfPage
 - AHA, AHIMA, and others will also provide more detailed outreach and education resources

ICD-10 Final Rule Issues

- ICD-10 annual updates
 - Coordination & Maintenance Committee will continue to discuss updates to ICD-9-CM, ICD-10-CM, & ICD-10-PCS
 - Annual updates on CMS & CDC homepages
 - Number of total codes changes with updates

ICD-10 Final Rule Issues

- ICD-10 annual updates
 - New name – ICD-10 Coordination & Maintenance Committee upon implementation
 - Need to discuss any need to freeze coding systems prior to implementation
 - Will be agenda item for September 16-17, 2009
 - Should ICD-10 and/or ICD-9-CM be frozen prior to implementation?
 - When should the freeze begin?

ICD-10 Final Rule Issues

- Resources available on CMS & CDC websites
 - Complete ICD-10-CM and PCS systems including guidelines
 - General Equivalence Mappings (GEMs) between ICD-9-CM and ICD-10 (both ways)
 - Users guide for GEMS
 - Abbreviated Reimbursement Mappings
 - Development of ICD-10 version of MS-DRGs

Complete versions of ICD-10

- ICD-10-CM (diagnoses)
 - http://www.cms.hhs.gov/ICD10/02m_2009_ICD_10_CM.asp#TopOfPage
- ICD-10-PCS (procedures)
 - http://www.cms.hhs.gov/ICD10/01m_2009_ICD10PCS.asp#TopOfPage

ICD-9-CM Users

- ICD-9-CM Diagnoses – used by all types of providers
 - ICD-10-CM will replace
- ICD-9-CM Procedures – used only by inpatient hospitals
 - ICD-10-PCS will replace
- Current Procedural Terminology (CPT) & HCPCS– used for all ambulatory and physician procedure reporting
 - Not being replaced by ICD-10

ICD-9-CM is Outdated

- 30 years old – technology has changed
- Many categories full
- Not descriptive enough

Countries Using ICD-10 For Reimbursement or Case Mix

- United Kingdom (1995)
- Nordic countries (Denmark, Finland, Iceland, Norway, Sweden) (1994 – 1997)
- France (1997)
- Australia (1998)
- Belgium (1999)
- Germany (2000)
- Canada (2001)

Structural Differences - Diagnoses

- ICD-9-CM has 3 – 5 digits
- Chapters 1 – 17: all characters are numeric
- Supplemental chapters: first digit is alpha (E or V), remainder are numeric
- Examples:
 - 496 Chronic airway obstruction not elsewhere classified (NEC)
 - 511.9 Unspecified pleural effusion
 - V02.61 Hepatitis B carrier

Structural Differences - Diagnoses

- ICD-10-CM has 3 – 7 digits
- Digit 1 is alpha (A – Z, not case sensitive)
- Digit 2 is numeric
- Digit 3 is alpha (not case sensitive) or numeric
- Digits 4 – 7 are alpha (not case sensitive) or numeric
 - A66 Yaws
 - A69.20 Lyme disease, unspecified
 - O9A.311 Physical abuse complicating pregnancy, first trimester
 - S42.001A Fracture of unspecified part of right clavicle, initial encounter for closed fracture

Structural Differences - Procedures

- ICD-9-CM has 3 – 4 digits
- All 4 digits are numeric
 - 43.5 Partial gastrectomy with anastomosis to esophagus
 - 44.42 Suture of duodenal ulcer site

Structural Differences - Procedures

- ICD-10-PCS has 7 digits
- Each can be either alpha (not case sensitive) or numeric
 - Numbers 0 – 9 are used
 - Letters O and I are not used to avoid confusion with numbers 0 and 1
- Examples
 - OFB03ZX Excision of liver, percutaneous approach, diagnostic
 - 0DQ10ZZ Repair, upper esophagus, open approach

Number of Codes – 2009

- Diagnoses
 - ICD-9-CM 14,025
 - ICD-10-CM 68,069
- Procedures
 - ICD-9-CM 3,824
 - ICD-10-PCS 72,589

ICD-9/ICD-10 Code Mappings

- General equivalence mappings (GEMS)
- Designed to aid in converting applications and systems from I-9 to I-10
- Bi-directional mappings
- For “finding and replacing” codes or lists of codes

Bi-directional Mappings

Source	Target	aka
From ICD-9-CM	To ICD-10-CM/PCS	“forward mapping”
From ICD-10-CM/PCS	To ICD-9-CM	“backward mapping”

Use of GEMs to convert payment system

- CMS illustrated use of GEMS by developing ICD-10 version of MS-DRGs
- Began with digestive MS-DRGs, Major Diagnostic Category (MDC 6)
- Presented results at September 24, 2008 ICD-9-CM Coordination & Maintenance Committee meeting
- Will complete all MS-DRGS by October 1, 2009

MS-DRG Conversion Goals

- Coded in I-9 or I-10, the same patient is assigned to the same MS-DRG
- Clinically equivalent
- Definitions manual has familiar look and feel

MDC 6, DISEASES & DISORDERS OF THE DIGESTIVE SYSTEM

A00* Cholera (3 codes)
A020 Salmonella enteritis
A03* Shigellosis (6 codes)
A04* Other bacterial intestinal infections (10 codes)
A050 Foodborne staphylococcal intoxication
A052 Foodborne Clostridium perfringens [Clostridium welchii] intoxication
A053 Foodborne Vibrio parahaemolyticus intoxication
A054 Foodborne Bacillus cereus intoxication
A055 Foodborne Vibrio vulnificus intoxication
A058 Other specified bacterial foodborne intoxications
A059 Bacterial foodborne intoxication, unspecified

Find and Replace Diagnosis Codes

DRG385 INFLAMMATORY BOWEL
DISEASE W MCC
DRG386 INFLAMMATORY BOWEL
DISEASE W CC
DRG387 INFLAMMATORY BOWEL
DISEASE W/O CC/MCC
PRINCIPAL DIAGNOSIS
5550 Reg enteritis, sm intest
5551 Reg enteritis, lg intest
5552 Reg enterit sm/lg intest
5559 Regional enteritis NOS

is replaced by

of ICD-9-CM codes: 4

DRG 385 Inflammatory bowel disease w MCC
DRG 386 Inflammatory bowel disease w CC
DRG 387 Inflammatory bowel disease w/o CC/MCC

Principal Diagnosis

K5000 Crohn's disease of small intestine without complications
K50011 Crohn's disease of small intestine with rectal bleeding
K50012 Crohn's disease of small intestine with intestinal obstruction
K50013 Crohn's disease of small intestine with fistula
K50014 Crohn's disease of small intestine with abscess
K50018 Crohn's disease of small intestine with other complication
K50019 Crohn's disease of small intestine with unspecified complications
K5010 Crohn's disease of large intestine without complications
K50111 Crohn's disease of large intestine with rectal bleeding
K50112 Crohn's disease of large intestine with intestinal obstruction
K50113 Crohn's disease of large intestine with fistula
K50114 Crohn's disease of large intestine with abscess
K50118 Crohn's disease of large intestine with other complication
K50119 Crohn's disease of large intestine with unspecified complications
K5080 Crohn's disease of both small and large intestine without complications
K50811 Crohn's disease of both small and large intestine with rectal bleeding
K50812 Crohn's disease of both small and large intestine with intestinal
obstruction
K50813 Crohn's disease of both small and large intestine with fistula
K50814 Crohn's disease of both small and large intestine with abscess
K50818 Crohn's disease of both small and large intestine with other complication

of ICD-10-CM codes: 28

Find and Replace Procedure Codes

DRG335 PERITONEAL
ADHESIOLYSIS W MCC
DRG336 PERITONEAL
ADHESIOLYSIS W CC
DRG337 PERITONEAL
ADHESIOLYSIS W/O CC/MCC
OPERATING ROOM
PROCEDURES
5451 Lap periton adhesiolysis
5459 Oth periton adhesiolysis

of ICD-9-CM codes: 2

of ICD-10-PCS codes: 112

PCS root operation definition
Release: Freeing a body part
from an external physical
constraint

is replaced by

DRG 335 Peritoneal adhesiolysis w MCC

DRG 336 Peritoneal adhesiolysis w CC

DRG 337 Peritoneal adhesiolysis w/o CC/MCC

Operating Room Procedures: lysis

0DN80ZZ Release Small Intestine, Open Approach

0DN82ZZ Release Small Intestine, Open Endoscopic Approach

0DN84ZZ Release Small Intestine, Percutaneous Approach

0DN86ZZ Release Small Intestine, Percutaneous Endoscopic Approach

0DN88ZZ Release Small Intestine, Percutaneous Endoscopic Approach

0DN90ZZ Release Duodenum, Open Approach

0DN92ZZ Release Duodenum, Open Endoscopic Approach

0DN93ZZ Release Duodenum, Percutaneous Approach

0DN94ZZ Release Duodenum, Percutaneous Endoscopic Approach

0DNA0ZZ Release Jejunum, Open Approach

0DNA2ZZ Release Jejunum, Open Endoscopic Approach

0DNA3ZZ Release Jejunum, Percutaneous Approach

0DNA4ZZ Release Jejunum, Percutaneous Endoscopic Approach

0DNB0ZZ Release Ileum, Open Approach

0DNB2ZZ Release Ileum, Open Endoscopic Approach

0DNB3ZZ Release Ileum, Percutaneous Approach

0DNB4ZZ Release Ileum, Percutaneous Endoscopic Approach

0DNE0ZZ Release Large Intestine, Open Approach

0DNE2ZZ Release Large Intestine, Open Endoscopic Approach

MS-DRGs Conversion Summary

	Diagnosis codes	Procedure codes	Total
No. of unique lists in MS-DRGs	~200	~300	~500
Codes in MDC 6 lists auto-replaced by GEMs	99%	91%	95%
Codes in MDC 6 lists auto-replaced by GEMs and modified by clinical review	1%	9%	5%

- The GEMs produce 95% of the MDC 6 mapping without any need for review
- The remaining 5% is based on MDC 6
 - Need for review of the remaining MDCs is expected to steadily decrease
 - As the rules derived for MDC 6 are applied to the remaining MDCs, fewer codes will need clinical review

Overly Broad I-9 Procedure Codes

- ~200 overly broad I-9 procedure codes identified
- Should an I-9 procedure code be replaced with *all* associated PCS codes *everywhere* an I-9 code is listed?

Because PCS codes always specify body part, approach and device, 92.27 is associated with 261 PCS codes

Examples of Overly Broad I-9 Codes

I-9	Description
92.27	Radioactive elem implant
86.09	Skin & subq incision NEC
83.82	Muscle or fascia graft
81.96	Other repair of joint
80.19	Other arthrotomy NEC
77.19	Bone incis w/o div NEC
39.50	Angio oth non-coronary
39.31	Suture of artery
39.29	Vasc shunt & bypass NEC
38.21	Blood vessel biopsy
01.24	Other craniotomy
04.04	Peripheral nerve incis NEC

Solution for I-9 Overly Broad Procedure Codes

- Limit the assignment of PCS codes associated with overly broad I-9 codes to anatomic sites corresponding to each MDC

MDC 6 Example:

DRGs 356, 357, 358 Other Digestive System O.R. Procedures

92.27 Implantation or Insertion of Radioactive Elements

- For procedure 92.27, only 10 of the 261 PCS codes are assigned to MDC 6

Likely in MDC 6

0DH571Z Insertion of
Radioactive Element into
Esophagus, Via Natural or
Artificial Opening
0DHP81Z Insertion of
Radioactive Element into
Rectum, Via Natural or
Artificial Opening Endoscopic

Extremely Unlikely in MDC 6

08H0X1Z Insertion of Radioactive
Element into Right Eye, External
Approach
0BHL01Z Insertion of Radioactive
Element into Left Lung, Open
Approach
0HHU31Z Insertion of Radioactive
Element into Left Breast,
Percutaneous Approach

I-9 Code Conflicts

Conflict: Where an I-10 code is assigned to more than one I-9 code *and* the I-9 codes are assigned to different MS-DRGs

*109.89 Other specified
rheumatic heart
diseases*
Rheumatic disease of
pulmonary valve

109.89 combines the descriptions of two I-9 codes. All other rheumatic diseases of the heart currently classified have unique codes in ICD-10-CM, and according to frequency data I-9 code 398.99 is rarely used.

*398.99 Other rheumatic heart
diseases*

in MDC 5 DRG 314,315,316
Other circulatory system
diagnoses

*397.1 Rheumatic diseases
of pulmonary valve*

in MDC 5 DRG 306,307
Cardiac congenital & valvular
disorders

To resolve the conflict for I-10 code 109.89, the I-10 code is assigned to the I-9 code 397.1, which results in the most appropriate MS-DRG assignment

Use of GEMs to convert payment system

- Will discuss progress at future C&M meetings
 - September 16, 17, 2009
 - Register for C&M at <http://www.cms.hhs.gov/apps/events/>
- Complete ICD-10 Grouper by October 2009, post by the end of 2009 on ICD-10 website
- Final Grouper logic subject to rulemaking

The GEMs and the Reimbursement Mapping

- The GEMs are designed to aid in converting applications and systems from I-9 to I-10
- Some payers found the detail daunting
- Developed streamlined Reimbursement Mapping (one to one best map)
- The reimbursement mappings would assist in a more simple conversion of codes for reimbursement purposes

Development of Reimbursement Mapping

- Start with the I-10 to I-9 GEM
- Where an I-10 code is translated to one I-9 code, no additional review is necessary
 - 95% percent of the I-10 codes is translated to a single I-9 code
 - Many 1-10 codes are translated to the same I-9 code
- Where an I-10 code is translated to more than one I-9 code, historical I-9 code frequency data are used to determine the most commonly used I-9 code among the I-9 code alternatives
 - Medpar and California (for newborn and OB codes) data were used
 - In the vast majority of cases there is a clear dominant code in terms of frequency
 - In rare cases, clinical review is needed to make the final choice

Use of Mappings

- The GEMs and Reimbursement mappings were designed to be used by all providers, payers, and data users
- They are tools to assist in converting data
- They are publicly available on the CMS & CDC websites
- We will continue to update and maintain the mappings

ICD-10 Updates

- Posted on CMS ICD-10 website
<http://www.cms.hhs.gov/ICD10/>
 - 2009 Diagnosis GEMs and user guide
 - 2009 Procedure GEMs and user guide
 - 2009 Reimbursement mapping
 - ICD-10 Digestive System MS-DRGs
 - 2009 version of ICD-10-CM and PCS codes and official coding guidelines